# SD School of Mines
## Food Waiver Request

### CUSTOMER INFORMATION

<table>
<thead>
<tr>
<th>NAME OF ORGANIZATION:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON MAKING REQUEST:</td>
<td></td>
</tr>
<tr>
<td>MAILING ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>TELEPHONE:</td>
<td>E-MAIL ADDRESS:</td>
</tr>
</tbody>
</table>

### EVENT INFORMATION:

<table>
<thead>
<tr>
<th>EVENT NAME:</th>
<th>RESERVATION NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVENT DATE:</td>
<td>EVENT TIME:</td>
</tr>
<tr>
<td>EVENT LOCATION:</td>
<td>EVENT COORDINATOR:</td>
</tr>
</tbody>
</table>

Is event open to persons who are not members of the sponsoring organization?  
Yes [ ]  No [ ]

### FOOD & BEVERAGE INFORMATION:

- The food/beverage must be prepared by someone with a food service license from the State of South Dakota.
- The food is to be prepared/served under a permanent license. Please list the licensee and license number below and attach a copy of the license.
- The food is to be served under a temporary license, please list the license number for temporary food service through the state of South Dakota (check-list and application available at [http://www.state.sd.us/doh/Forms/tempfood.pdf](http://www.state.sd.us/doh/Forms/tempfood.pdf)). Keep in mind the state requires the application be submitted at least 14 days prior to the start of the event and a $25 licensing fee. A copy of the temporary food service license as issued by the state of South Dakota must be attached.

<table>
<thead>
<tr>
<th>LICENSEE:</th>
<th>LICENSE NUMBER:</th>
</tr>
</thead>
</table>

### AUTHORIZED SIGNATURES:

As an authorized representative of the organization/department listed above, I understand that all information about this event and information posted at the event will clearly state where and who prepared the food, including a copy of the food service license (as indicated above). I understand that failure to do so may result in cancellation of, or additional charges for, my event. If any of the above information changes, I will notify Surbeck Scheduling within one business day of the change.

<table>
<thead>
<tr>
<th>ADVISOR SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

**Indemnity/Hold Harmless Agreement – IMPORTANT, PLEASE READ CAREFULLY**

The food/beverage preparer and organization making this request agree to indemnify and hold harmless SDSM&T, its officers, directors, employees and agents from any and all liabilities, claims, actions, damages, attorney’s fees or expenses resulting from the preparation and/or service of any food or beverage under this agreement or the use of SDSM&T property or premises.

<table>
<thead>
<tr>
<th>FOOD PREPARER SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

### CONDITIONS & COMMENTS:

| Approved [ ]  Not Approved [ ]  SDSM&T Director of Dining Services: |
|-----------------------|-----------------------------|---------------------|

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